

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007186

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 80

STATE FILE NUMBER

VS 300
Rev. 4/59

17005

27005

3

4 0

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7 1

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9420.1

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12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH **FILED FEB 25 1963**

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Independence**

Length of stay in 1b
55 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Indep. Sanit. & Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Independence** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
607 Glenwood Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Roy Vaughan Barron

4. DATE OF DEATH
Month Day Year
Feb. 15 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
4-5-1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Painter

10b. KIND OF BUSINESS OR INDUSTRY
Decorating

11. BIRTHPLACE (City and state or country)
Ludington, Michigan

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Charles S. Barron

13b. MOTHER'S MAIDEN NAME

Carrie Unknown

14. NAME OF HUSBAND OR WIFE

Carrie Rose Barron dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Roy C. Barron 3112 Santa Fe, Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Occlusion Descending Coronary Artery

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Severe Atherosclerosis (Coronary)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at **6:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Earl J. Wright M.D.

22b. ADDRESS

3908 Booth K.C.H.

22c. DATE SIGNED

16 Feb 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Mound Grove Cemetery

23d. LOCATION (City, town, or county)

Independence, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson & Sons Independence, Mo.

25. DATE RECD. BY LOCAL REG.

2-16-63

26. REGISTRAR'S SIGNATURE

Alba L. Craig

FEB 25 1963

1002
1002

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address Indy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

2/16/63

2-16-63

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